

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155183	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/14/2011
NAME OF PROVIDER OR SUPPLIER WATERS OF MARTINSVILLE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2055 HERITAGE DRIVE MARTINSVILLE, IN 46151		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/14/11</p> <p>Facility Number: 000096 Provider Number: 155183 AIM Number: 100290890</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Martinsville was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has battery operated smoke detection in all resident sleeping rooms. The facility has a capacity of 103 and had a census of 90 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 01/18/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as</p>	K 000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is February 13, 2011.</p> <p>RECEIVED</p> <p>FEB 8 2011</p> <p>LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH</p>		

APPROVED

2/17/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

David Caraher

TITLE

ADMINISTRATION

(X6) DATE

02.08.11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1	K 000			
K 045 SS=E	<p>evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the lighting for 2 of 9 exit means of egress were arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect any of the residents, as well as staff, and visitors needing to exit the facility from the Comfort Creek exit and the Misty Falls exit by Room 36.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during the tour of the facility from 11:00 a.m. to 12:50 p.m. on 01/14/11, the exit means of egress outside the Comfort Creek exit and the Misty Falls exit by Room 36 are each equipped with one light fixture with only one bulb. Based on interview at the time of observation, the Director of Maintenance acknowledged only one light fixture with one bulb was provided at each of these exits.</p> <p>3.1-19(b)</p>	K 045	<p>1. <u>Corrective Action</u> - Light fixtures equipped for two bulbs will be installed by 02.13.11 for exits outside Comfort Creek and Misty Falls exit by room 36.</p> <p>2. <u>Identify Others</u> - An audit was conducted for all outside exits to ensure light fixtures were equipped for two bulbs.</p> <p>3. <u>Systemic Changes</u> - Maintenance Supervisor will complete a monthly inspection as a part of the Preventative Maintenance program to ensure all exits have two working bulbs.</p> <p>4. <u>Monitor</u> - Maintenance will submit the monthly audit to the Quarterly Quality Assurance Committee to monitor for compliance and further interventions.</p> <p>5. <u>Date of Compliance</u> - February 13, 2011</p>		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 067			

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K 067	<p>Continued From page 2</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure egress corridors were not used as a portion of a return air system serving adjoining rooms for 75 of 75 rooms. LSC 19.5.2.1 requires air conditioning, heating, ventilating ductwork and related equipment to be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, Section 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during the tour of the facility from 11:00 a.m. to 12:50 p.m. on 01/14/11, all of the resident rooms and support offices were using the egress corridor as a return air system, however, the facility has modified the HVAC (Heating, Ventilation, and Air Conditioning) system so activation of the fire alarm system will stop the supply air fans. Additionally, the supply air fans have duct detectors located downstream of the air filters that when activated, shut down the fans operation. Finally, smoke dampers</p>	K 067	<p>See attached life safety code waiver request</p>		

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K 067	Continued From page 3 interconnected to the fire alarm system were located to prevent the transfer of smoke from one compartment to other smoke compartments. Based on interview at the time of observation, the Director of Maintenance acknowledged resident rooms and support offices were using the egress corridor as a return air system. 3.1-19(b)	K 067			